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## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/550,644

### Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Sm./Lg.				Sm. Entry	Lg. Entry		
Basic Filing Fee	201/101					-	<u>690</u>
Total Claims >20	203/103	<u>74</u>	-20 =	<u>54</u>	X		<u>972</u>
Independent Claims >3	202/102	<u>6</u>	-3 =	<u>3</u>	X		<u>234</u>
Multi. Dep Claim Present	204/104					-	
Surcharge	205/105					-	<u>130</u>
English Translation	139						
<u>TOTAL FEE CALCULATION</u>							<u>2026</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 2026

Less Filing Fees Submitted - \$       

BALANCE DUE = \$ 2,026

Kim Villa 09/26/00  
Office of Initial Patent Examination

Figure 7

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

Application or Docket Number

09/550,644

**CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

**SMALL ENTITY TYPE** ☐ OR

**OTHER THAN SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	74 minus 20 =	54
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		

RATE	FEE
	345.00
X\$ 9=	
X39=	
+130=	
TOTAL	

RATE	FEE
	690.00
X\$18=	972
X78=	234
+260=	
TOTAL	1,296

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

**SMALL ENTITY** OR

**OTHER THAN SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	Minus	**
	Independent	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

RATE	ADDITIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X78=	
+260=	
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.